

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214521805

1.) CORPORATION NAME:

**INTERNATIONAL FACILITIES INSURANCE SERVICES, INC.**DUE DATE: **4/25/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**SCC ID NO: **F1934787**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 N. Stetson Avenue  
Suite 4600

CITY/ST/ZIP: Chicago, IL 60601

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PATRICK G RYAN  
TITLE: DIRECTOR  
ADDRESS: 180 N STETSON AVE  
SUITE 4600  
CITY/ST/ZIP/CO: CHICAGO, IL 60601

☐ OFFICER☒ DIRECTOR

NAME: TIM TURNER  
TITLE: DIRECTOR  
ADDRESS: 180 N STETSON AVE  
SUITE 4600  
CITY/ST/ZIP/CO: CHICAGO, IL 60601

☐ OFFICER☒ DIRECTOR

NAME: VIVIANE KRIEF WOODCOCK  
TITLE: DIRECTOR  
ADDRESS: 500 S GRAND AVE  
SUITE 2100  
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071

☐ OFFICER☒ DIRECTOR

NAME: ANTHONY D WOODCOCK  
TITLE: PRESIDENT  
ADDRESS: 500 S GRAND AVE  
SUITE 2100  
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071

☒ OFFICER☐ DIRECTOR

NAME: VIVIANE KRIEF WOODCOCK  
TITLE: PRESIDENT  
ADDRESS: 500 S GRAND AVE  
SUITE 2100  
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071

☒ OFFICER☐ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ITZINGER VICE PRESIDENT 500 S GRAND AVE SUITE 2100 LOS ANGELES, CA 90071	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE M AIGOTTI CFO 180 N STETSON AVE SUITE 4600 CHICAGO, IL 60601	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN M WULLER TREASURER 180 N STETSON AVE SUITE 4600 CHICAGO, IL 60601	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN N ACKERMAN SECRETARY 180 N STETSON AVE SUITE 4600 CHICAGO, IL 60601	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ IAN NACKERMAN		IAN NACKERMAN,		4/25/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					